

Attorney Docket: RAL9-99-0124/2710P

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 12, 2006.


Saundra D. HunterIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

JOHNSON

Serial No.: 09/503,676

Filed: February 14, 2000

For: GENERIC NETWORK PROTOCOL LAYER WITH SUPPORTING DATA STRUCTURE

Date: January 12, 2006

Confirmation No.: 7028

Group Art Unit: 2155

Examiner: Won, Young N.

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NOTICE OF APPEAL UNDER 37 CFR §1.191

Sir:

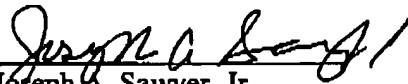
In the Final Office Action dated June 17, 2005, and in the Advisory Action dated September 7, 2005, the Examiner rejected Claims 1-27 and 29-47. In response, Applicant hereby appeals to the Board the decision of the Primary Examiner. An Appellant's Brief has been filed.

The Commissioner is hereby authorized to charge the \$500.00 fee and any additional fees required by this communication to Deposit Account No. 50-0563 (IBM Corp.)

If any unresolved issues remain, please contact Applicant's attorney at the telephone number indicated below.

Respectfully submitted,

January 12, 2006
Date


Joseph A. Sawyer, Jr.
Attorney for Applicants
Reg. No. 30,801
(650) 493-4540

SAWYER LAW GROUP LLP
2465 E. BAYSHORE ROAD SUITE 406
PALO ALTO, CA 94303
TELEPHONE: (650) 493-4540
FACSIMILE: (650) 493-4549

FACSIMILE TRANSMITTAL

Date: January 12, 2006
To: Susan Ford (571-272-3579)
Organization: USPTO
Fax Number: 571-273-3579
From: Joseph A. Sawyer, Jr.

Re: Notice of Appeal
In re application of: Johnson
Serial No. 09/503,676
Filed: February 14, 2000
For: GENERIC NETWORK PROTOCOL
LAYER WITH SUPPORTING DATA
STRUCTURE

This is page 1 of 3 page(s).

CONFIDENTIALITY NOTE:

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TRANSMITTAL FORM		Attorney Docket No. RAL9-99-0124/2710P
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In re the application of: **JOHNSON**Confirmation No: **7028**Serial No: **09/503,676**Group Art Unit **2155**Filed: **February 14, 2000**Examiner: **Won, Young N.**For: **Generic Network Protocol Layer with Supporting Data Structure**

ENCLOSURES (check all that apply)					
<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input checked="" type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)				

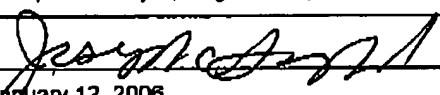
CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	46	46	0	\$ 50.00	\$ 0.00
Independent Claims	12	12	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$500.00 to Deposit Account No. 50-0563 (IBM Corp.) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 50-0563 (IBM Corp.)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Reg. No. 30,801
Signature	
Date	January 12, 2006

CERTIFICATE OF TRANSMISSION/MAILING

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Type or printed name	Saundra D. Hunter
Signature	